Scrutiny

Improving public services

Mental Health Services for Children and Young People in Essex

Task and Finish Group established by the Health Overview and Scrutiny Committee

March 2017

Essex County Council

CONTENTS

Foreword

This report is a combination of a six-month review by members of the Task and Finish Group looking at children's health and wellbeing in Essex.

Many of the groups' questions were answered during this review and a summary of the information the Group received is reproduced in this report. I would like to thank all the contributors to this report for their co-operation.

In addition, I wish to thank my fellow Task and Finish group members for their commitment and due diligent approach and professionalism during the course of this review.

I commend this report to you.

COUNCILLOR ANDY WOOD
Lead Member
Task and Finish Group
Mental Health Services for Children and Young People in Essex

March 2017

Members of the Task and Finish Group from left to right: back row- Councillors Reeves, Beavis, Bobbin and Chandler. Front row – Councillors Boyd, Endersby and Wood.

Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.

Alarmingly, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age.

The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

MENTAL HEALTH FOUNDATION WEBSITE

Executive Summary and conclusions

Background

A select Task and Finish Group established by the Essex Health Overview and Scrutiny Committee made up of seven councillors from across Essex has been reviewing mental health services currently available for children and young people in Essex ('the Group'). The Group focussed on some of the issues around perception, signposting and accessibility to services aimed at children of school age. In addition, the Group were interested to see the how the wider system worked and to explore some of the issues around the level of co-ordination and 'joined-up' working between agencies.

The Group spoke to North East London Foundation Trust (NELFT), Healthwatch Essex, school staff, Essex County Council officers and some community and voluntary bodies.

New contract

Since 1 November 2015 NELFT have been operating a new contract to provide emotional wellbeing and mental health services that focus on more low intensity early interventions through a single point of access. It was undoubtedly a bold decision taken by the commissioners to make such a radical change to the service and full transformation will take time.

Transformation

The Group recognise the challenges facing NELFT. It has now restructured its service delivery to meet the requirements of the new contract and is moving towards a prevention, early intervention and community resilience model. However, reconfigurations can take time to 'bed-in' and it is important to remember that NELFT are less than 18 months into a five year transformation plan.

The challenges of carrying out the reconfiguration have been exacerbated by increasing referrals, particularly during the transition period of the first few months of the new contract. NELFT are also managing a caseload that at times last year was almost double the level inherited from the previous provider– it is now still over 50% higher than November 2015.

The high turnover of staff seen in the early months of the new model was always considered likely as some staff might feel that they would be unable to integrate into a new way of working. However, in recent weeks the vacancy rates have been significantly reduced. Recruitment issues for educational psychologists have also been highlighted during the review.

NELFT remain in a period of substantial change and transformation and the Group have been impressed by their commitment and drive to carry out this change.

Waiting times

There has been a significant improvement in waiting times from earlier in 2016. The Group are encouraged by this but a longer period of time is needed to identify if there is a consistent downward trend in waiting times. Measuring performance solely against a national target set by NICE of 12 weeks for referral to assessment and 18 weeks for referral to first treatment is not sufficient for a service that is aspiring to intervene early and prevent and reduce the number of escalations to crisis care and more formal care. Instead, Essex commissioners should be aspiring to an Essex waiting time that can be a 'national lead' and best in class.

Schools

Members were encouraged by many initiatives and practices which were in place in schools, or being tried, to engender an environment of emotional wellbeing. All the schools that were visited had established processes to escalate concerns and were providing good signposting and positive messages about, and activities on, wellbeing around schools. Some local schools have or contract-in their own counselling service whilst some have discontinued their direct contracts with these community and voluntary sector providers and left parents to contract directly with them although some schools now returning to these providers. At the moment, the community and voluntary sector believe there is an unharnessed opportunity here for them to supplement the services being provided by NELFT for schools.

Partnership working

The Group acknowledge that, due to the current caseload and number of referrals, NELFT currently has been unable to build relationships with schools and the voluntary sector that it would have liked to have done. This is one of the consequences for a provider managing a case load that is now over 50% larger than envisaged under the contract for the EWMHS service. However, the Group is encouraged that there are now recent signs that the relationships with schools, in particular, are being developed.

The transformation will continue to take time but the service provided by NELFT should not be the only resource available for emotional wellbeing and mental health services in the local health system – there are other agencies that can and should fulfil an important role. In particular, the Group would like to see closer working with the community and voluntary sector to assist even greater focus on prevention, early intervention and community resilience. There may come a time when the NELFT single point of access could be a gateway to the voluntary sector in addition to the services provided by NELFT.

Recommendations

The Group has made nine recommendations and requests that these recommendations should be carefully considered for implementation.

RECOMMENDATIONS TO COLLABORATIVE COMMISSIONING FORUM

Recommendation 1 *(Page 13): Essex County Council and local health commissioners should develop a strong pan-Essex all-age brand for holistic mental health services that pulls together all agencies.*

Owner: Collaborative Commissioning Forum
Implementation Review:
Impact Review Date:

Recommendation 2 *(Page 19): There should be a clear aspiration for a defined, acceptable 'Essex waiting time' for access to the EWMHS service that is considerably less than the current national and contractual standards (i.e. considerably less than 12 weeks from referral to assessment and 18 weeks from referral to first treatment).*

Owner: Collaborative Commissioning Forum
Implementation Review:
Impact Review Date:

Recommendation 3 *(Page 22): That the commissioners explore the opportunities within the voluntary sector for further early intervention initiatives to build community resilience.*

Owner: Collaborative Commissioning Forum
Implementation Review:
Impact Review Date:

RECOMMENDATIONS TO NORTH EAST LONDON FOUNDATION TRUST

Recommendation 4 *(Page 19): (i) The provider of the Emotional Wellbeing and Mental Health Service should develop and demonstrate a clear strategy to further reduce waiting times for assessment and first treatment under the EWMHS service; and (ii) indicate the extent of any potential for collaborative working with other agencies to assist this.*

Owner: North East London Foundation Trust
Implementation Review:
Impact Review Date:

Recommendation 5 *(Page 19):*

(a) *That regular performance reporting to commissioners should be expanded to include:*

(i) A breakdown of the concentration of referrals from different source (particularly highlighting differences between schools);

(ii) How long those clients who do have to wait beyond the NICE guideline of 18 weeks actually do wait for first treatment?

(iii) The numbers exceeding the 'acceptable Essex waiting time' (see Recommendation 2 above); and

(iv) A qualitative analysis of the outcomes achieved from early intervention illustrating the patient focussed benefits;

(b) *That key performance data be publicly available ;*

(c) *That the Essex HOSC should receive performance reports twice yearly (or as otherwise directed).*

Owner: West Essex CCG as Lead Commissioner
Implementation Review:
Impact Review Date:

Recommendation 6 *(Page 22)**:** The provider of the EWMHS service should demonstrate a strategy and plan for closer collaborative working with the voluntary sector, including linkages for re-signposting and cross referrals that can be located in community settings (including schools) thereby relieving some of the pressures on the referral process.*

Owner: North East London Foundation Trust
Implementation Review:
Impact Review Date:

Recommendation 7 (Page 17): *That NELFT should develop clearer communication of service thresholds and provision not only with service users but also with partnership organisations.*

Owner: North East London Foundation Trust
Implementation Review:
Impact Review Date:

RECOMMENDATIONS TO ESSEX COUNTY COUNCIL

Recommendation 8 *(Page 21): The continued shortage in Essex of specialist mental health clinicians should be emphasised to the Cabinet Member for Economic Growth, Infrastructure and Partnerships and the Essex Employment and Skills Board, with a view to it being included in the wider Essex strategy addressing skills shortages across the county.*

Owner: Cabinet Member for Economic Growth, Infrastructure and Partnerships
Implementation Review:
Impact Review Date:

Recommendation 9 *(Page 24): The Cabinet Member for Education and Lifelong Learning should: (i) ensure that all Essex Schools understand and develop the best practice established by some schools using early intervention, access to pastoral help, peer mentoring, liaison with outside agencies, whole school training and supportive ethos; (ii) Arrange a summit or more locality based mini- summits on mental health for all Essex Schools to share this and other learning and best practice (this could be an extension of the meetings with Head Teachers that NELFT has held in some areas recently) and (iii) a school mental health network be established (again this could be locality based) for school mental health champions to share information and experience on a regular basis.*

Owner: Cabinet Member for Education and Lifelong Learning
Implementation Review:
Impact Review Date:

Findings and evidence

Context

The condition

The Group has heard that causes of poor mental health can be complex, and caused by a variety of factors individually or combined. There can often be a whole raft of problems behind mental ill health such as housing, social care and increasingly the pressures of social media. Lack of parental support is affecting children and young people in all aspects of their emotional wellbeing and development including being ready for school life. Mental health issues can often take the form of lack of self-esteem and self-worth, depression, anxiety, stress and self-harm but can also be expressed in other ways such as eating disorders and peer relationship issues.

It is estimated that 50% of mental illness arises by age 14 and that 10% of all 5-19 year olds have a diagnosable mental health condition

For too long mental health has been the poor relation of physical ill-health in terms of awareness and support available, due to a stigma combined with sufferers displaying fewer visible symptoms. The Group has heard that levels of funding allocated to it up to now have been disproportionately lower than for physical ill-health. It is too early to assess the impact of Government's commitment now for parity of esteem (equal treatment with physical ill health) for mental health although it should at least raise its profile and make it more 'mainstream'. However, poor mental health, if left inadequately unsupported, can lead to worsening symptoms often requiring further NHS and social care resource. If poor mental health and emotional wellbeing can be identified early, and appropriate support put in place, it can be better for the individual and require less health and social care resource in the longer term

A quarter to half of adult mental illness may be preventable with appropriate interventions in childhood and adolescence.

Essex

The top three presenting problems being reported across Essex are emotional disorder, conduct disorder and deliberate self-harm.

The Group has also heard that, increasingly, counsellors are seeing experience of domestic violence and issues around gender identity in those children and young people seeking help although, in the case of gender identity, some of this may be prompted by more media coverage on this issue and people now being more able to understand their own feelings. Some of the schools visited also highlighted a link

between bullying, cyber bullying and social media which also impact on emotional health and wellbeing.

The Joint Strategic Needs Assessment (JSNA) identifies the four biggest areas of mental health need in Essex as Basildon, Colchester, Southend and Thurrock. However, when adjusting for local population, both Harlow and Tendring also become areas of concern. Risk factors for poor mental health can be lone parent households, poverty, body image, under 18 pregnancy and other sexual pressures, and children and young people who are carers. Deprivation in itself is not a sole cause of poor mental health but it can be part of what is often a complex and multi-layered environment that leads to this.

Around 30,000 5-19 year old with a diagnosable mental health condition are estimated to be in Essex, Southend and Thurrock.

(Essex Joint Strategic Needs Assessment)

Young people's experience of mental health services

Since 2014 Healthwatch Essex (HWE) has engaged with almost 2,500 young people in Essex on their lived experience of health and social care and published its YEAH! and SWEET! Reports. In July 2016 HWE published *YEAH! 2* which was the prompt for the Essex HOSC to start this review of mental health services for children and young people. The *YEAH! 2* report stated that young people were asking for more information to be published about services in order to help raise awareness, and that the type of services available do not always meet their expectations and needs.

280 participants (68%) said they had never received information on mental health (YEAH!)

8 in 10 children did not know how to access support for mental health issues, and had received no information on mental health in school or college (YEAH!)

HWE pointed to national research estimating that 1 in 10 children and young people will have a diagnosable mental health condition, although HWE's estimate for Essex was higher than 1 in 10. *YEAH! 2* participants felt that mental health conditions often began at school, particularly issues around body image, academic pressure and self-harming and sometimes this could be expressed in anger and frustration. Young people fed back that they appreciate it when school staff take the time to listen to them and tried to help them even if they were not that successful in doing so.

"Although 7 in 10 participants had not received information on mental health, 9 in 10 participants felt being informed about mental health was important."
Healthwatch Essex YEAH! 2 Report 2015-16

One of the key findings in the *YEAH! 2* report was that young people needed more information about health and social care. Young people also want teachers to receive adequate training in order to be able to spot and deal with emotional wellbeing and mental health issues. Participants of *YEAH! 3* (which has yet to be published) wanted to learn more about mental health in small cohorts of peers.

Support in schools was the most popular choice of comfortable places to get help
YEAH! report in 2015

The Group also received further information on user experience of services in response to a call for evidence issued by the Group in summer 2016. In particular this re-confirmed issues around the difficulty in accessing services for both the user and parents/carers, prolonged waiting times and high eligibility thresholds that may exacerbate the risk for young people. It also re-confirmed that greater planning was needed for treatment and transitions and that user experience of the perceptions and treatment of mental health remained very negative.

Throughout the review the Group has heard that some services are not set up to meet the actual patient need with a significant difference between clinical outcomes being set and measured (e.g. the numbers treated) and a young person's desired outcomes (e.g. educational attainment, self-fulfilment etc). If the outcomes were set for young people to achieve a set number of personal goals each month then that would be better). It is therefore important to get the patient voice into the process of determining outcomes so that outcomes will make more sense to the user.

The new approach in Essex

Transformation Strategy

Historically, the CAMHS service in Essex, and in much of the country, has been focussed on crisis care and supporting the most complex cases. Consequently, it meant that there has often been a huge unmet need 'lower down'. There is now a desire nationally and locally to refocus this clinical model away from crisis care to earlier intervention. In Essex, a key finding from the JSNA was the need for more prevention and early intervention to identify an emerging risk rather than wait until a child or young person is presenting a mental health problem as part of building community resilience.

The Coalition Government's strategy, Future in Mind, published in March 2015 was accompanied by an announcement of additional investment in mental health over the next five years which aims to improve and transform the care provided for children and young people in England by 2020. In response to this, local transformation plans were developed across the country to illustrate local strategies for improving services in line with Future in Mind and were a pre-condition to receiving any transformation monies. Such monies are, however, not required to be ring-fenced and are included in total baseline allocations for commissioners. Furthermore, the Group has heard concerns that the transformation funding specifically received in Essex has not been ring-fenced or specifically earmarked and that it may not all be used for prevention and early interventions for emotional wellbeing and mental health. Time did not permit us to be able to investigate this further but the Group feels that it should be looked into to ensure that the funding is being used for the purpose for which it was intended.

The new local approach for Essex was published in January 2017 by Essex County Council, Southend-on-Sea Borough Council and Thurrock Council in 'Open Up, Reach Out', a five year local transformation plan for emotional wellbeing and mental health services for children and young people. In Essex the future focus will be on earlier intervention and prevention, often in community settings. It will involve using evidence-based treatments for symptoms identified on a case-by-case basis, providing more 'stepped care' with the least intrusive and most effective treatment provided quickly and then subsequent 'step up' if it does not work. It is hoped that this increasing focus on low intensity interventions will allow the service to deal with a higher volume of cases. This approach is now being implemented through a new emotional wellbeing and mental health service being provided by North East London Foundation Trust (NELFT) which was commissioned in 2015 by a single forum comprising the three local authorities in Essex and seven NHS clinical commissioning groups.

Mental Health and Wellbeing Strategy 2017-21

During the course of the Group's review it was specifically consulted on the development of the *Essex, Southend and Thurrock Mental Health and Wellbeing Strategy 2017-21.* This strategy aspires to provide a shared, pan Essex vision and approach for both adult and children's services and a set of high level outcomes.

Whilst the Group welcomes this strategy it has not been completely reassured that delivery of services is currently at a level that would align with this strategy, particularly for children and young people, and it questions whether the strategy can successfully pull together all the various strands of strategic and operational work being done both for children's and adult services by different commissioners and providers. It is noted that the strategy primarily focusses on adult services and sits alongside the 'Open Up Reach Out' transformation plan for children and young people. Notwithstanding that, the Group felt at the time that the profile and cross referencing of services for children and young people within the strategy could be higher.

The Group applaud the aims of transformation and early intervention, but the volume of referrals and ambitious plans have had an adverse impact upon the current service delivery. The HOSC will need regular updates on the proposals and actions to reduce waiting times (see Page 17).

The Group has commented at an early stage on a draft of the strategy primarily, but not exclusively, from a children's and young people's perspective and highlighted the need to develop a strong Essex 'brand' generally for mental health and emotional well-being across all the Essex partnerships. It has already been agreed that this particular recommendation has been raised with NHS Commissioners and local authority colleagues.

Recommendation 1: That Essex County Council and local health commissioners should develop a strong pan-Essex brand for holistic mental health services that pulls together all agencies

Transforming the service

Prior to 1 November 2015 a traditional two-tiered mental health service for children and young people across Essex, Southend and Thurrock had been delivered by the county council, South Essex Partnership Trust (SEPT), North Essex Partnership Foundation Trust (NEPFT) and Provide. The first tier of the service would provide condition specific advice and easy access to assessment and support with the next tier of service providing more specialist support such as psychiatrists, social workers and care packages. The Emotional Wellbeing and Mental Health Service (EWMHS) which launched on 1 November 2015, is delivered by NELFT and effectively transferred all this into one single integrated service. Universal Tier 1 support, primarily providing information and healthy living advice, continues to be provided through Public Health, schools and GPs.

The Group recognise that there are significant challenges facing NELFT as a result of this transformational change. However, there should be significant benefits in making the changes with the future service being more holistic and outreach focussed with more community based 'lighter touch' interventions. Moving to any new service delivery model needs the collaboration of all staff, however, there has been some resistance to this.

NELFT has now restructured its service delivery to meet the requirements of the new contract and is moving towards a prevention, early intervention and community resilience model. Reconfigurations can take time to 'bed-in'. This reconfiguration has exacerbated existing demand pressures on the service, particularly during the transition period of the first few months of the new contract. Over 200 staff had transferred under TUPE arrangements from NEPFT, SEPT, Provide and Essex County Council to NELFT but increases in staff turnover and subsequent higher staff vacancy rates led to increasing waiting times (see Capacity and Scale below).

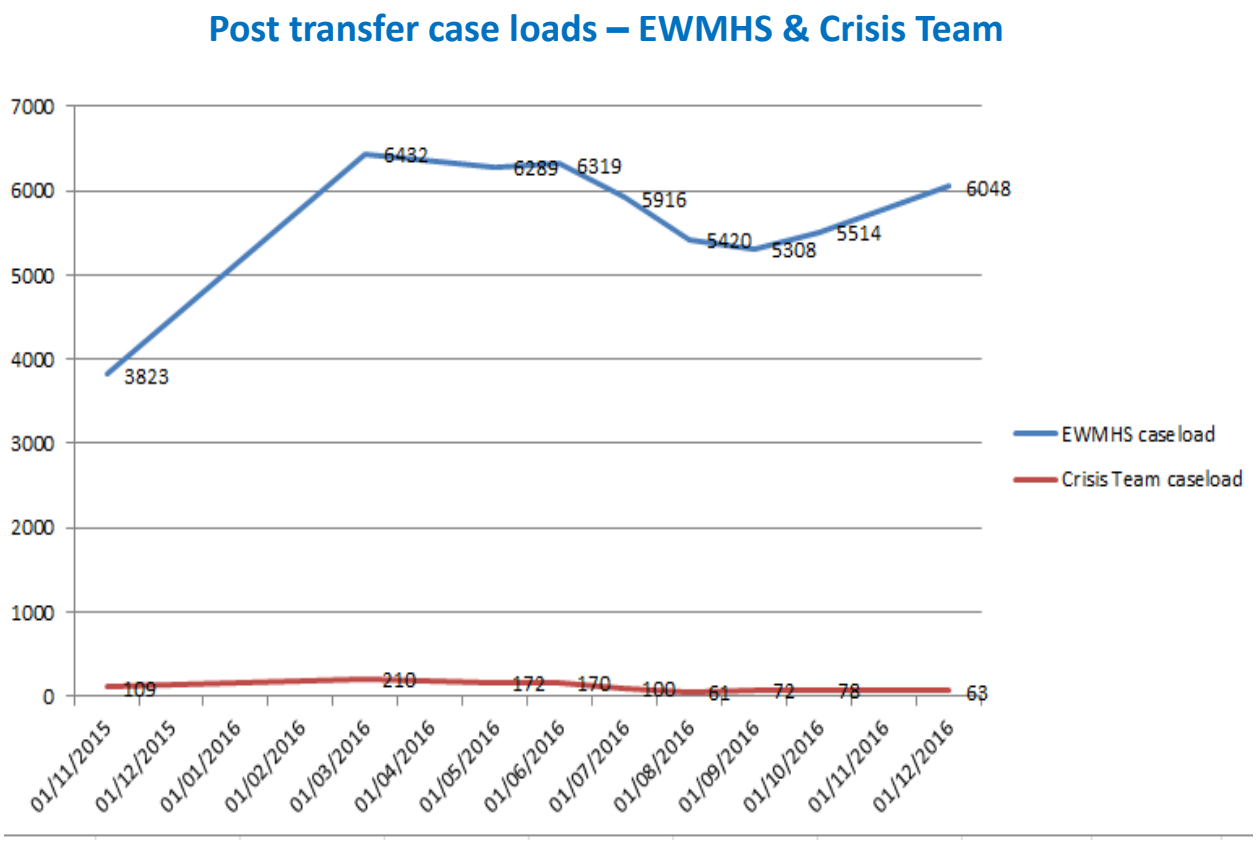
As with many other areas of the health service there are also recruitment challenges in mental health. High turnover of staff in the early months of the new model was always considered likely as some staff might feel that they would be unable to integrate into a new way of working. However, in recent weeks NELFT have successfully recruited over 70 new staff which leaves 50 vacancies (as at the end of February 2017). This means they now have a current vacancy rate of around 20% which compares favourably with national figures. However, there can still be costs clinically, financially and culturally in continuing to rely on bank staff or agency staff to fill substantive vacancies.

NELFT remain in a period of substantial change and transformation and the Group have been impressed by their commitment and drive to make change. The transformation will take time but, as seen elsewhere in this report, the service provided by NELFT should not be the only resource available for emotional wellbeing and mental health services in the local health system – there are other agencies that can and should fulfil an important role (see Wider System Support to Schools).

Capacity and scale

NELFT caseload

The number of children and young people receiving support (i.e. the caseload) at the time the service transferred to NELFT on 1 November 2015 was estimated to be around 3,200. By the spring of 2016 the ongoing caseload had doubled but has since reduced: as at December 2016 it was 58% higher than at the point of transfer. This is still a significantly higher number than anticipated in the contract between co-commissioners and NELFT. Clearly, co-commissioners and providers need to continue to take actions to further reduce the caseload to ensure the long term sustainability of the business model and to see the benefit of early intervention.



The chart above plots the NELFT case load over the twelve months from the start of the contract.

Nationally, waiting times to access CAMHS services have reached two years in some areas, resulting in those services being closed to any further new referrals. However, the commissioners of the EWMHS service have stipulated that no such cap should be in place for the service in Essex. Therefore, whilst this is good news that no one will be turned away due to the size of the existing caseload, it does mean that there will be consequences to the timeliness of assessment and treatment for all those receiving a service from NELFT whilst demand levels remain high.

Single point of access

A single point of access to support has been established (albeit with one in each of the Essex, Southend and Thurrock council areas). The single points of access are provided by NELFT and give telephone advice and feedback, undertake triage, signpost and assist on preventative planning and, if necessary, allocate the referral to a locality team. NELFT have reported that the majority of people contacting the single point of access are ringing to refer rather than seek advice. Therefore, commissioners may wish to consider whether the single point of access is the best mechanism for advice or whether there is any benefit in there being a separate access point for that.

Referrals to NELFT

During the first six months of the new contract an average of 1,000 referrals a week were being received across the three Single Points of Access. Referrals from GPs and primary care organisations comprise over 40% of the referrals.

The latest data at 2016 year-end indicates that the number of referrals across the three local authority areas had significantly reduced to between 200-300 per month and is now running in line with (revised) predictions.

The Group has heard contributors suggest that a high number of referrals could reflect heightened awareness of services and improved signposting and that there may be less stigma attached to mental health. In addition, the high rate of referrals could be partly due to individuals now being able to self-refer if they cannot or do not want to get GP or another professional to refer them.

At the moment there is no analysis of which particular schools are referring and whether there is a concentration of numbers from certain schools or areas. The Group feels that further understanding of where referrals are originating and whether there are any concentrations could be important in identifying areas to focus future prevention and early intervention initiatives. With limited resources this more targeted approach could be particularly effective and forms part of a more substantive resolution on performance reporting. This forms part of a recommendation from the Group on performance reporting (see later in this section under ‘Waiting Times’).

To date there seems to be very limited data either available and/or being provided to commissioners and this has been symptomatic of children’s mental health services nationally as well. Better data is needed to enable trend analysis, forecasting and projections for future resource planning.

Acceptance rates and re-signposting

The expectation under the EWMHS contract was that 25% of referrals would be signposted to alternative provision. However, the overall acceptance rate across Essex has been nearer to 80% with West Essex, Southend and Thurrock being particularly high.

NELFTs attention initially has had to be on dealing with the high number of referrals so the Group feels that it has probably meant the focus on early intervention has been delayed or, at least, made more difficult. Clearly excessive delays for assessments will prevent the full benefits of early intervention and prevention being seen. Therefore, enhancing the links with other agencies which may be able to also offer some early intervention services becomes critically important (see the Role of the Community and Voluntary Sector).

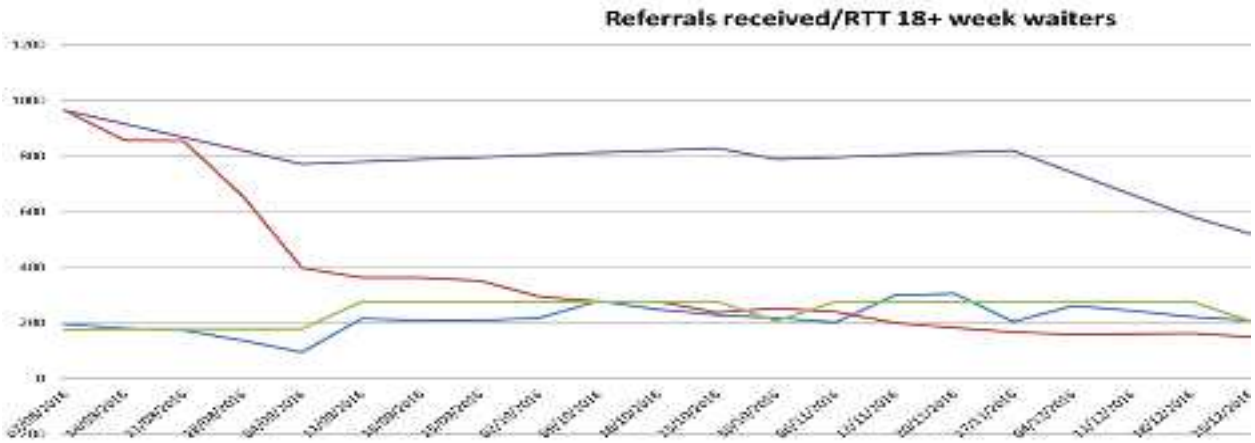
It also seems that the one-stop shop perception of the EWMHS service may have raised expectations beyond that which it is able to currently meet. A clearer communication strategy making it clear that the service has thresholds and eligibility criteria should be developed so as to minimise those cases that are incorrectly referred. This would relieve some of the pressure on the EWMHS service (at the same time highlighting/re-signposting to alternative services).

> "Child and adolescent mental health services are turning away, on average, nearly a quarter (23 per cent) of the young people referred to them for help. Our analysis of services' eligibility criteria showed that this is often because there are high thresholds for access to their services".
>
> *Education Policy Institute – Progress and Challenges in the transformation of children and young people's mental health care – Emily Frith August 2016*

Recommendation 7: That NELFT should develop clearer communication of service thresholds and provision not only with service users but also with partnership organisations.

Waiting times

The Education Policy Institute reported that, nationally, once a referral is made, young people frequently had to wait many months for treatment. The situation is little different in Essex. The latest data available shows that the percentage of clients seen for treatment within 18 weeks was 91% in December 2016, against a target of 92%. This is a significant improvement from earlier in the year when the Group had heard it was only 80% (August 2016). The Group are encouraged by this but are aware that at least some of the improvement will be down to data cleansing and that a longer period of time is needed to identify if there is a consistent downward trend in waiting times. Measuring performance solely against a national target, as set by NICE, of 12 weeks for referral to assessment and 18 weeks for referral to first treatment (which have been incorporated into the NELFT contract for the EWMHS service) is not sufficient for a service that is aspiring to intervene early and prevent and reduce the number of escalations to crisis care and more formal care.



Key:

Predicted referrals

Actual referrals

Referrals waiting more than 18 weeks for treatment

Predicted as waiting 18 weeks plus

Schools have also expressed frustration at the time it takes to get pupils referred for assessment and then to receive first treatment through the EWMHS service. They felt that this undermines the advantages and rationale for early intervention. At least one school the Group spoke to actually encourages their pupils to pursue referrals to EWMHS through their GP instead as they thought the referral could be quicker that way rather than pursuing it through the school. Schools also indicated that they will consider referring to external counsellors if EWMHS is not responding quickly enough. These are not signs of a co-ordinated and integrated system working well.

The analysis of waiting times for assessment and treatment provided to the Group only relate to accessing the EWMHS service. There could be instances where someone on a NELFT waiting list for assessment has sought assessment and treatment by an alternative service in the community and voluntary sector. The 'system' does not seem to have a mechanism to track this at present and nor does it have a recording system that correctly shows waiting time data for access to an appropriate service (whether provided by NELFT or other provider).

The Group also heard during their visits to local schools that often the school was subsequently unaware if an issue raised was now 'in the system' or not and they felt that they were not being kept 'in the loop'. Schools also suggested to the Group that information-sharing between agencies was further complicated when their pupils attended from just across the other side of a council administrative border.

Recommendations overleaf….

Recommendation 4: (i) The provider of EWMHS service should develop and demonstrate a clear strategy to further reduce waiting times for assessment and first treatment under the EWMHS service; and (ii) indicate the extent of any potential for collaborative working with other agencies to assist this.

Recommendation 2: There should be a clear aspiration for a clearly defined, acceptable 'Essex waiting time' for access to the EWMHS service that is considerably less than the current national and contractual standards (i.e. considerably less than 12 weeks from referral to assessment and the 18 weeks from referral to first treatment

Recommendation 5:

(a) That regular performance reporting to commissioners should be expanded to include:

(i) A breakdown of the concentration of referrals from different source (particularly highlighting differences between schools);

(ii) How long those clients who do have to wait beyond the NICE guideline of 18 weeks actually do wait for first treatment?

(iii) The numbers exceeding the 'acceptable Essex waiting time' (see recommendation x above); and

(iv) A qualitative analysis of the outcomes achieved from early intervention illustrating the patient focussed benefits;

(b) That key performance data be publicly available ;

(c) That the Essex HOSC should receive performance reports twice yearly (or as otherwise directed).

Wider system support to schools

Young people spend most of their time in the education system so it should be the most suitable and likely environment for the identification and early support of vulnerable young people. The findings from the Healthwatch Essex YEAH! 2 report confirmed that young people wanted such support to be available in their school.

OFSTED are also now beginning to look at the wider education and emotional health of students rather than just educational attainment. Our findings suggest that most schools are very aware of the social and societal pressures upon young people and are doing a good job in trying to address them. However, schools are already very busy environments and they cannot be expected to solve all of their pupils' problems. Whilst training can help teaching and support staff to recognise and assist their young people at a basic level, there should be a timely referral system when the schools have reached the limit of their expertise yet the Group has heard that this is not in place with significant delays before assessment.

The EWMHS service is only part of the support network that should be available to children and young people in Essex. The local authority through its schools liaison service, educational psychologists, and youth support groups, together with services available in the community and voluntary sector, can all play particular and important roles in the psychological and social development and support of children and young people.

Therefore, the Group has been keen to see if commissioning of services in Essex is co-ordinated across these large and smaller local bodies. Whilst there is an important role for them all, there needs to be improved linkages between them to avoid a fragmented system and the risk of young people falling through the gaps between services and/or finding it hard to access the care they need. This results in late intervention rather than early intervention and consequently there is a need for the wider system to be able to step in and work with and supplement the EWMHS. Yet there are issues that prevent that full system collaboration and co-ordination.

The role of the Educational Psychologist

The Educational Psychologist service provides an early intervention service (funded by Essex Schools) as well as a service providing statutory SEN assessment duties on behalf of upper tier local authorities. The Group has heard about some of the strategic and targeted initiatives being taken by the EP service such as supporting schools with respite and models of training and support to address behaviour issues, supporting emotional wellbeing and developing resilience. In particular, the service has developed targeted parent support groups and locality meetings for local schools and a once-a-term visits to each school to provide more general advice. The Group supports and would like to see more of these prevention initiatives. It also requests that the service should consider running more projects that are run independent from schools that pupils can attend locally.

The EP service is one of the few services that can get into local schools and have the opportunity to have early conversations with pupils and be that early contact for linking to other specialist agencies (such as NELFT or external counsellors). However, there is both a national and local shortage of educational psychologists at present. and across the county there are vacancies. The Group has heard that the situation is exacerbated by the older demographic in the profession meaning that many are nearer retirement, less young people coming into the profession and that the service loses staff to the private sector. The position is further exacerbated by the limited number of training colleges for new entrants. Although there is a recruitment and retention plan in place, the function is unable to provide the full level of service that it would wish to do, or to maximise its impact in schools. NELFT has also highlighted that recruitment of clinical specialists is a challenge for them.

> ***Recommendation 8*: The continued shortage in Essex of specialist mental health clinicians should be emphasised to the Cabinet Member for Economic Growth, Infrastructure and Partnerships and the Essex Employment and Skills Board with a view to it being included in the wider Essex strategy addressing skills shortages across the county**

The role of the community and voluntary sector

Members heard and witnessed during their school visits that local schools have their own schemes in place to support emotional wellbeing. Some even have or contract in their own counselling service. Schools use a variety of agencies providing counselling and other support services including Catch 22, Kids Inspire, MIND, Renew Consulting and the YMCA. It appears that the specific 1 to 1 counselling offered by Renew in Mid Essex may not be available throughout the county and there may be both an opportunity and gap to be filled here.

Some schools have discontinued their direct contracts with these providers and similar providers and left parents to contract directly with them. This could be due solely to financial pressures on the schools, or because schools have placed work with other agencies. Some schools have told the Group that they been questioning why they would need to purchase additional ‘duplicate’ support when the new EWMHS would provide support for the schools. However, it seems that there are some schools now returning to these providers as they do not feel that they are getting the support from NELFT that they had expected, they feel that alternative arrangements are not working and/or some of their pupils are not meeting thresholds to access NELFT services. Some referrals to external counsellors will be direct from young people or parents and carers who desperately need help whilst waiting for a NELFT appointment. It is unclear whether this would be picked up by NELFT and is an example of where the whole system is not fully co-ordinated.

At the moment the community and voluntary sector believe there is an unharnessed opportunity here. There needs to be better communication with the voluntary sector and the Group would like stronger links will develop over time as the NELFT contract progresses. There may come a time when the single point of access could be a gateway to the voluntary sector in addition to the services provided by NELFT.

<u>Recommendation 6</u>: The provider of the EWMHS service should demonstrate a strategy and plan for closer collaborative working with the voluntary sector, including linkages for re-signposting and cross referrals that can be located in community settings (including schools) thereby relieving some of the pressures on the referral process.

The voluntary sector has a varying 'offer' often provided by local networks of a national body with local differences. There can also be financial issues around being able to access some of the services provided by the community and voluntary sector with some providers offering bursary places for those on low incomes who require 'chargeable' support. These services can vary area by area and provider by provider. Differences in services available between different areas are in effect a post-code lottery for those people who either do not meet thresholds for NELFT services or cannot wait for their NELFT assessment and therefore need to seek help from these counselling and support bodies.

The Group has discussed the merits of some kind of bursary that could be made available to those in need who were unable to pay for chargeable services available in the voluntary sector. It would be problematic to administer if it was held centrally and distributed on a means-tested basis, and there could also be issues around needing to assess and benchmark the services available to justify selection. The Group also discussed whether the Pupil Premium could implemented differently; currently it is provided to raise educational attainment for the most disadvantaged pupils and, given the link of emotional wellbeing and mental health to attainment, could perhaps be more targeted. However, the Pupil Premium is already targeted in a way towards certain children and it may be difficult to justify a bursary being targeted to a wider range of children than just those eligible for Pupil Premium. In the end the Group decided that it was probably not efficient to place such funding with individual voluntary bodies but, instead, to request commissioners to consider this further.

<u>Recommendation 3</u>: That the commissioners explore the opportunities within the voluntary sector for further early intervention initiatives to build community resilience.

It was also noted that the voluntary sector continues to feel disadvantaged by the tendering system for public services and that it cannot compete with larger providers. However, the Group notes that Virgin Care has confirmed an intention to consider sub-contracting some elements of the Pre-birth to 19 contract to the voluntary sector.

Whole School approach

In January 2017 the Prime Minister announced further actions to transform mental health services and support for children and young people. Specific areas that impact on schools were:

- Every secondary school will receive mental health training and extra training for teachers;

- Strengthen the links between schools and local NHS mental health staff.

The case for prevention and early intervention being significantly focussed in early years and childhood is significant as building resilience at that time will stop issues escalating and reduce the future demand on clinical services.

The Group considers that a whole school approach should be encouraged which means involving every individual within the school community, including all non-teaching and administrative staff, as the school is the biggest and most influential day care centre for young people.

School visits

To help them understand what is currently happening in schools, the Group visited a selection of local primary and secondary schools and spoke to Head Teachers and pastoral staff. All schools had established processes to escalate concerns by referring them to Pastoral and/or Learning Support Teams.

Members were encouraged by many initiatives and practices which were in place, or being tried, to engender an environment of emotional wellbeing. In particular, the schools were:

- providing good signposting and positive messages about wellbeing around schools,
- encouraging more openness to raising issues and concerns
- showing a greater awareness of some of the 'early warning' signs of problems; and
- providing a variety of activities to promote wellbeing such as, for example, relaxation and Mindfulness classes.
- inviting external speakers for school assemblies and other activities to raise awareness of, and re-inforce messages around, good emotional wellbeing
- closely monitoring and supporting the transition between infant, junior and senior schools with many conducting home visits prior to transfer.

While some schools acknowledge emotional wellbeing on their websites there are some who are reluctant to comment on mental health due to the stigma.

Family support

Schools are also aware of the importance of engagement with the family and 'Lets Talk' workshops (or similar) have been developed for parents and children to share and discuss issues. Supporting parental mental health is important so that parents can provide the optimum environment to support their children. Voluntary and community sector organisations say that the parenting advice/support initiatives that they offer are over-subscribed. This suggests that there should be greater focus on being able to provide more of these. It is critically important to also have parental support in identifying and referring issues, although some of the schools visited

indicated that obtaining parental consent can be difficult if the parent does not recognise or accept that there is actually a problem.

Counsellors and mentors

The Group considers that it is important to have pastoral staff responsible for mental health and for them to be able to provide some initial emotional first-aid training. In some instances the Group has seen in-house counsellors and/or members of the pastoral teams having counselling training. If pastoral teams are non-teaching staff then they will have more time to commit to this.

Employing a dedicated counsellor and/or social worker resource by some schools has also been cut back due to pressures on the school budget. Similarly, financial pressures are preventing the use of external counsellors as much as some schools would like to. Such pressure on finances and resources requires more collaborative working and local schools could consider sharing some resources such as a counsellor/social worker to lighten the financial cost.

Best practice

Some schools seem to have 'gone the extra mile' in embedding a caring culture within the school. In these schools the pupils are also encouraged not only to recognise early signs in themselves but in others as well. This can be facilitated through 'buddying' or developing some of their pupils as peer mentors/supports who understand mental health issues and support both fellow pupils and parents. The Peer Supports wear badges (like prefects) so that Mental Health has a brand and the Peers are easily recognised.

Recommendation 9: The Cabinet Member for Education and Lifelong Learning should: (i) ensure that all Essex Schools understand and develop the best practice established by some schools using early intervention, access to pastoral help, peer mentoring, liaison with outside agencies, whole-school training and supportive ethos; and(ii) Arrange a summit or more local mini-summits on mental health for all Essex Schools to share this and other learning and best practice (this could be an extension of the meetings with Head Teachers that NELFT has held in some areas recently)and (iii) A school mental health network be established (again this could be locality based) for school mental health champions to share information and experience on a regular basis.

Resources at schools are stretched and they often have to make difficult financial choices. The lack of a dedicated school nurse for every school makes quick and easy access to basic clinical care very difficult which can be an essential part of the support needed for health and emotional wellbeing. Some schools that were visited indicated that they did not currently have a school nurse and had to call one in if needed but the nurse 'on-call' was allocated to a number of schools so it can be hard to arrange quickly.

Digital

Children and young people are increasingly using technology to find information. Digital platforms have significant potential to provide information and support for young people's emotional wellbeing and mental health. MOMO, Silent Secret App and Big White Wall have been mentioned and the Essex Young Assembly is developing a further App. MyMind App offers universal information and downloadable work books and enables instant messaging between client and clinician. NELFT now have two full time equivalent posts leading on digital and social media and have set up Twitter and Instagram feeds all of which also promise to further raise the profile of issues and the service. Whilst encouraging the provision of information on websites and via Apps as options, the Group consider that these should not be the sole solution. Indeed, the *YEAH! 2* feedback suggested that young people were not relying solely on technology for their information and support nor was it necessarily the first place they would go to for such information. Digital platforms should be supplementing digital communication and not replacing it.

Empowering schools

Schools can feel under pressure with the expectations being placed on them and sometimes there can be a reaction that too much onus is being placed on schools. However, the educational environment is where young people spend most of their time so every opportunity to help and influence their healthy psychological and social development should be grasped. There is an opportunity to increase the confidence of all school staff, not just teachers, to increase staff awareness of what they can do to further help and support their students in addition to being able to signpost where to get help. Schools may not always recognise that they may already have some of the skills needed to do this and this could be more about how to use the time already spent with pupils differently. Therefore, the Group supports efforts to identify opportunities to empower and enable school staff to support pupils with some limited therapeutic interventions.

Sharing knowledge and experience can also be an important part of empowerment and opportunities for schools to share knowledge and experience should be encouraged (see Page 24 - Recommendation 9).

Glossary

Big White Wall	Is a social network for people to speak anonymously about mental health. www.bigwhitewall.com
CAMHS	Child and Adolescent Mental Health Service – in Essex this was the predecessor to the EWMHS service and is still commonly used as a term to describe mental health services for children and young people.
Catch 22	Catch22 is a social business, a not for profit business providing emotional wellbeing, mentoring and other support services that build resilience and aspiration in people and communities. https://www.catch-22.org.uk/about/
Children's Society	National charity that work with children, young people and families supporting them with a range of issues including drugs and alcohol, caring for a family member, domestic violence, crime and antisocial behaviour and parenting support. http://www.childrenssocietyeast.org.uk/
County Council	An upper tier local authority which will provide county wide services such as education, social services, transport, strategic planning, police, fire services and, since, 2013, Public Health.
EWMHS	The Emotional Wellbeing and Mental Health Service that has been commissioned for children and young people in Essex which is provided by the North East London Foundation Trust
Health Overview and Scrutiny Committee (HOSC)	The Essex County Council Health Overview and Scrutiny Committee with its membership comprising elected Councillors. Specific legislation requires upper tier councils to have a committee that reviews and scrutinises the planning and provision of local health services.
Healthwatch Essex	Healthwatch England is a statutory national body (with a network of local bodies) established to represent the needs, experiences and concerns of people who use health and social care services. Heathwatch Essex provides an information service to help people access, understand, and navigate the health and social care system. HWE also undertake engagement and research activities to build up a detailed picture of people's lived experiences http://www.healthwatchessex.org.uk/about-us/
House of Commons Health Select Committee	Appointed by the House of Commons to examine the work of the Department of Health. The Committee has a high public profile and its reports often generate national media coverage.
Icarus Trust	**icarus** is a charity and was set up in 2012 in order to provide a signposting service for families in crisis as a result of addictive or obsessive behaviour. http://www.icarustrust.co.uk/about-us/
Joint Strategic Needs Assessment/JSNA	The NHS and local authorities are legally required to produce and regularly refresh Joint Strategic Needs Assessments (JSNAs) to analyse the health needs of

	the local population to inform and guide commissioning of health, well-being and social care services within local authority areas.
Local Education Authority	Has responsibility for all state schools in their area including the distribution and monitoring of funding for the schools, co-ordination of the admissions process for schools, and they directly employ school staff.
MIND	Mind is a mental health charity in England and Wales.. Mind offers information and advice to people with mental health problems and lobbies government and local authorities on their behalf. It also works to raise public awareness and understanding of issues relating to mental health. www.mind.org.uk
NELFT (North East London Foundation Trust)	NELFT provides an extensive range of integrated community and mental health services for people living in East London and Essex. In particular, they have been commissioned to provide an Emotional Wellbeing Mental Health Service for children and young people across the whole of Essex. http://www.nelft.nhs.uk/about-us
Renew Consulting	A local mid-Essex based organisation providing counselling and therapy service using early intervention work with children and young people, offering one-to-one counselling and therapy. http://www.renew-us.org/what_we_do.html
NICE	The National Institute for Health and Care Excellence is an executive non-departmental public body of the Department of Health in the United Kingdom NICE's produces information, guidance and advice for health, public health and social care practitioners. It also develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. https://www.nice.org.uk/about/what-we-do
NEPFT	North Essex Partnership (formally known as North Essex Partnership Foundation Trust), provides mental health, substance misuse and social care services for people living in north Essex.
OFSTED	The Office for Standards in Education, Children's Services and Skills. It is a non-ministerial Government department. It inspects and regulates services that care for and educate children and young people.
Provide	A community interest company that provides a broad range of community services across Essex and other areas to children, families and adults, delivered in a variety of community settings. http://www.provide.org.uk/
Public Health	The team within County Councils and unitary councils which commissions preventative health services such as health checks, weight management programmes, and other healthy lifestyle programmes.

Pupil Premium	The pupil premium is additional funding for publicly funded schools in England to raise the attainment of disadvantaged pupils of all abilities and to close the gaps between them and their peers. Publicly funded schools includes schools maintained by the local authority (including special schools), academies and free schools. The funding is allocated to schools to work with pupils who have been recently registered for free school meals.
Social enterprise	Often in the form of a community interest company. A social enterprise is a business with primarily social objectives. It means any profits made are usually reinvested into the local community or back into the business, and do **not** go to shareholders and owners.
SEPT	South Essex Partnership University NHS Foundation Trust (SEPT) provide community health, mental health and learning disability services for people throughout Bedfordshire, Essex and Luton. In relation to Mental Health Services they provide treatment and support to young people, adults and older people experiencing mental illness including treatment, in secure and specialised settings. http://www.sept.nhs.uk/about-us/
Sycamore Trust	Sycamore Trust U.K. offers a range of services designed for young people with Autistic Spectrum Disorders and / or Learning Difficulties. http://www.sycamoretrust.org.uk/contact-us/
YEAH! 2 Report	Healthwatch Essex report – Young Essex Attitudes on Health and Social Care (YEAH) Published June 2016 The report engaged with over 800 young people to understand their experiences with health and social care. http://www.healthwatchessex.org.uk/wp-content/uploads/2016/02/Yeah-2-Report-Low-Res.pdf
YMCA	A charity providing support to young people. In relation to mental health it works closely with primary and secondary schools and families, offering support and guidance for parents and children such as: social skills groups, parents' support sessions, games clubs, anger management sessions, one-to-one sessions, and team-building workshops. http://www.ymcaessex.org.uk/youth/youth-training/

ANNEX 1

Membership

Braintree District Councillor Joanne Beavis,
County Councillor Keith Bobbin
Southend-on-Sea Borough Councillor Helen Boyd
County Councillor Jenny Chandler
Southend-on-Sea Borough Councillor Caroline Endersby
County Councillor Jill Reeves
County Councillor Andy Wood

The Health Scrutiny Committee at Thurrock Unitary authority was also invited to nominate member(s) to join the review but declined to participate.

Limitations of the review

The Group is content that it has received a range of views and collected evidence from a number of key witnesses to help it focus on the perception and awareness, signposting and accessibility of mental health support and services at schools and the overall co-ordination of services. This has enabled it to come to some reasonable evidence-backed conclusions. However, the Group also acknowledge that, due to time and resource constraints, they have only just 'dipped below the surface' on many of the issues highlighted.

There were further investigations that could have been made and other witnesses with whom the Group could have consulted. Whilst members visited their local schools to see at first hand the perception and level of awareness of mental health at each of them, the Group acknowledges the limitations of such a small sample size, and in a relatively concentrated geographical area, when trying to draw conclusions.

The Group have not spoken directly with parents, children or young people who have had mental health issues, or who have accessed, or tried to access, services. Instead, through a call for evidence, the Group invited written submissions from service users and family and friends of those who had accessed, or tried to access, services. The responses from this were supplemented by the substantial patient experience research conducted by Healthwatch Essex which was published in their *YEAH! 2* report.

The Group did not look at the links between mental health and other issues such as bullying and poorer educational attainment, although there is significant evidence to indicate a link to both.

The Group has not explored the perception of, and attitudes towards, children and young people once they are receiving treatment from an agency. Again, the *YEAH! 2* report provides significant insight into young people's feelings on this matter.

Acknowledgements

The Task and Finish Group wish to thank those contributors listed in Annex 5 for providing oral and written evidence.

ANNEX 2
Essex County Council
Overview and Scrutiny Committee
Extracts from Scoping Document

Review Topic	**Mental Health services for children and young people**
Committee	Health Overview and Scrutiny Committee
Terms of Reference	(i) To provide Members with an improved understanding of issues and trends in connection with mental health services for children and young people; (ii) To review the new Emotional Wellbeing and Mental Health Service launched by a new provider including capacity and demand issues; (iii) To review issues about services raised by service users and patients, and other sources, using anecdotal evidence, local research material such as YEAH 2 from Healthwatch Essex and conducting witness sessions as appropriate; (iv) To consider any changes that could be recommended
Scope of the Topic	To identify and review: (i) awareness and signposting of services (ii) referral and waiting times to access services (iii) the links between and to services (iv) consistency of services (v) appropriate budget and finance issues and impacts
Key Lines of Enquiry	(i) Is there clear leadership on mental health? (ii) Do young people know where to go for support and is it accessible? (iii) What service standards are in place on how mental health services should be provided? (iv) How are services linked and integrated? (v) How prominent is prevention and early intervention? (vi) How do current budgets and finances impact the services being provided?

Annex 3

Library of background reports and publications

During the course of the scrutiny a virtual library of supporting documents and reports, news articles, was established and maintained.

1. Children and Young People's Mental Health: State of the Nation (report) – Centre Forum Commission on Children and Young People's Mental Health April 2016.

2. Inadequacy of mental health services 'a ticking time bomb' say GPs. – Mental Health Today website 16 May 2016;

3. Mental health support 'denied to children' – BBC News 28 May 2016;

4. 'Mental Health services failing children with life-threatening conditions' – Children's Commissioner website – 28 May 2016;

5. Lightning Review: Access to child and Adolescent Mental Health Services -(report) – The Children's Commissioner May 2016;

6. Progress and challenges in the transformation of children and young people's mental health care: *a report of the Education Policy Institute's Mental Health Commission*: Emily Frith: August 2016;

7. Nuffield Trust article – How can we improve access to children's mental health services? – Dr Lucia Kossarova (5 December 2016);

8. Young Minds website article – Young Minds Supporting Schools: a Whole School Approach – 12 January 2017

9. NHS England website - Designing mental health care for young people – Joseph Pascoe - 6 February 2017;

10. NHS England website - Revolutionising children's mental health care – Emma Selby - 7 February 2017;

Written evidence: **Annex 4**

1. Open Up, Reach Out – Transformation Plan for the Emotional Wellbeing and Mental Health of Children and Young People in Southend, Essex and Thurrock 2015-20 – Published December 2015.

2. YEAH 2!: Young Essex Attitudes on Health and Social Care 2015-16 – Hannah Fletcher, Healthwatch Essex. Yeah!2

3. Emails received in response to a call for evidence in July 2016 asking for feedback on services experienced by service users and families and friends.

4. Southend Essex and Thurrock Children's and Young People's Emotional Wellbeing and Mental Health Service – July 2016 Performance Briefing.

5. Children's Mental Health – power point presentation – Clare Hardy, Head of Commissioning (People)

6. North East London Foundation Trust - Emotional Wellbeing & Mental Health Service (September 2016) power point presentation.

7. Care Quality Commission Inspection report for North East London Foundation Trust dated 27 September 2016 rating the provider as Requires Improvement.

8. Essex, Southend and Thurrock Mental Health and Wellbeing Strategy 2017- 2021- in draft dated 22 October 2016

9. Young People's Mental Health in Essex – short briefing note from Hannah Fletcher, Healthwatch Essex – 31 October 2016

10. Health and Wellbeing of Pupils - 2016 Survey - Summary report on key findings and trends – Essex County Council Organisational Intelligence (November 2016);

11. Education Essex – Your Weekly LA News Roundup – 14 November 2016 issue;

12. Essex County Council Press Release (PR 5948) announcing new contract award for Pre-Birth to 19 Health, Wellbeing and Family Support Service. (17 November 2016)

13. Young Peoples Mental Health in Essex Perspective from Andrew Gordon (Jan 2017).

14. Brochures/flyers on Renew Consulting

15. Email of 7 February 2017 from Dr Colin Gordon, Principal Educational Psychologist, Southend-on-Sea Borough Council.

16. Risk Avert –Schools Behaviour Programme -Members Briefing – Essex (January 2017): Ben Hughes, Head of Commissioning: Public Health and Wellbeing.

17. NHS England website article - Designing mental health care for young people – Joseph Pascoe - 6 February 2017
18. Power Point on Performance of NELFT and Emotional Wellbeing and Mental Health Service (prepared by Policy and Strategy, Essex County Council)– 22 February 2017.
19. ECC evidence to Health Select Committee on Schools and Mental Health (Feb 2017)

Witnesses in the order of appearance: (14 sessions) **Annex 5**

Clare Hardy, Head of Commissioning – People, Essex County Council (three times)
Councillor Graham Butland, Cabinet Member, Health, Essex County Council (twice)
Gill Burns, Interim Deputy Director, Emotional Wellbeing and Mental Health Service, North East London Foundation Trust (twice).
Dr Ben Smith, Consultant Clinical Psychologist, Emotional Wellbeing and Mental Health Service, North East London Foundation Trust (twice),
Hannah Fletcher, Healthwatch Essex (twice).
Barbara Herts, Director for Commissioning: Mental Health, Essex County Council.
Basildon Borough Councillor Andrew Gordon (as ex-patient and campaigner).
Revd Eddie Carden, Chief Executive, Renew Consulting and Governor – British Association for Counselling and Psychotherapy.
Ros Somerville, Principal Educational Psychologist, Essex County Council.
Larry Gutteridge, Chief Executive Officer, Brentwood MIND
James Mcquiggan, Chief Executive Officer, MIND in Mid and North Essex.
Roger Tyler, Company Secretary, Basildon MIND.
Alison Wilson, Chief Executive Officer, MIND in West Essex.
Adrian Coggins, Head of Commissioning PH and Wellbeing, Essex County Council.
Marcus Roberts, Senior Policy and Strategy Advisor (People), Essex County Council
Frederick VanHeerden, Senior Commissioning Support Officer, Essex County Council
Joel Shaljean, Director and Educational Adviser of Lads Need Dads.

Site visits and on-site interviews of staff at schools conducted either by individual members or a small sub-Group of the Task and Finish Group as indicated (and short reports of those visits made to the Task and Finish Group):

1. Young Essex Assembly event, County Hall, Chelmsford – 5 November 2016 *(Councillor Bobbin)*
2. Basildon Academy *(Councillor Bobbin)*
3. Blenheim Primary school *(Councillors Boyd and Endersby)*
4. Cecil Jones Academy, Southend-on-Sea (written submission only)
5. Clacton Coastal Academy *(Councillor Wood)*
6. Deanes School, Benfleet *(Councillor Reeves)*
7. Great Baddow High School *(Councillor Chandler)*
8. Hedingham School written submission
9. King John School, Benfleet *(Councillor Reeves)*
10. Meadgate School, Chelmsford *(Councillor Chandler)*
11. Northlands Academy *(Councillor Bobbin)*
12. Sandon Academy *(Councillors Beavis, Chandler and Wood)*
13. Temple Sutton Primary School, Southend *(Councillors Boyd and Endersby)*
14. Westcliff High School for Girls *(Councillors Boyd and Endersby)*
15. Basildon Youth Centre with Glen Crickmore, District Youth & Community Commissioner, Youth Service ECC and Julie Auger Senior Youth Community Commissioner, Youth Service ECC. Friday, 4 November *(Councillors Reeves and Wood)*
16. Meeting with Alex Dobinson - The Manager of the Canvey Island Youth Project. (CIYP) *(Councillors Reeves and Wood)*

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